



Regular Application Form (not packages programs)

Personal Information

Male Female

Name: _____ Date of Birth (dd/mm/yy): _____

Family Name: _____ Nationality: _____

Address: _____ City: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Emergency Contact

Name: _____ Family Name: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

Edu-Inter offers French courses until August 13, 2010

French Intensive Course (25 hrs/week) Select number of week courses and start date

Week	1	2	3	4	5	6	7	8
21/06								
28/06								
05/07								
12/07								
19/07								
26/07								
02/08								
09/08								

Select Airport Pick Up

- No pick up
 Airport pick up
 Airport pick up and drop off

Arrival date (dd/mm/yy): _____

Time: _____ AM PM

Airport: _____

Airline: _____

Flying from: _____

Flight Number: _____

Medical Insurance

Do you want a medical insurance? Yes No

Arrival date (dd/mm/yy): _____

Departure date (dd/mm/yy): _____

Number of days: _____

Select Accommodation

- No Accommodation
 Homestay 2 meals per day
 Homestay 3 meals per day
 Residence no meals

First day of Accommodation (dd/mm/yy): _____

Last day of Accommodation (dd/mm/yy): _____

Number of weeks: _____ Extra days: _____

For Homestay Request Only

Do you have any allergies? Yes No

If yes, please describe: _____

Are you a vegetarian? Yes No

Do you take any medications? Yes No

If yes, please describe: _____

Do you like children? Yes No

Do you like pets? Yes No

Would you like staying with a smoker? Yes No

Describe your hobbies and interests:

